

# ACHIEVING TRACHOMA ELIMINATION WITH NO ONE LEFT BEHIND: IMPROVING HEALTH EQUITY AMONG MAASAI COMMUNITIES

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Special populations, including refugees, internally displaced persons, indigenous, and nomadic communities, vary in terms of their cultural practices, spoken languages, and socioeconomic and political status. However, many special populations share common challenges in accessing eye health services, including interventions for trachoma, the world's leading infectious cause of blindness. This case study presents experiences from Tanzania to improve access to trachoma interventions for Maasai populations.

## MAASAI AND TRACHOMA

The Maasai are an indigenous ethnic group originating from Tanzania and Kenya. Maasai communities are typically nomadic pastoralists who rely on livestock for their livelihoods and travel according to the seasons in search of water and ample grazing grounds for their animals. Their transient homes commonly take the form of communal kraals, which are enclosed clusters of temporary houses forming protective circles to safeguard their livestock.

The traditional lifestyle of the Maasai increases their risk of trachoma for several reasons. Notably, their seasonal migration often takes them through areas that are highly endemic for trachoma. This is compounded by limited access to clean water, sanitation and health care services, including trachoma interventions. Additionally, the communal kraals in which they live often attract large numbers of flies, further increasing their exposure to *Chlamydia trachomatis*, the causative bacteria of trachoma.

Traditional beliefs of Maasai communities require tailored programs to ensure that interventions are both acceptable and accessible to populations affected by trachoma. For example, many Maasai women are mistrustful of mass drug administration, and, more broadly, modern medicine due to concerns that it can reduce fertility and harm pregnant women. This poses a particular challenge in Maasai communities where a woman's societal status is strongly linked to her ability to have children, and infertility can significantly impact a woman's prospects for marriage and financial security. Additionally, patriarchal customs often prohibit men from examining women for trachomatous trichiasis (TT) when the woman's husband is absent during surgical campaigns. This requires additional planning to ensure women are not excluded from interventions.

## THE PROGRAM

In response to these challenges, the Ministry of Health Tanzania is developing gender sensitive and socially inclusive (GESI) approaches to improve access to SAFE strategy interventions for trachoma among Maasai communities.



Microplanning meeting with community leaders and Laigwanan in Tanzania.

To ensure programs are equitable for women, a methodology known as iDARE, developed by WI-HER, is used to drive community-led solutions. iDARE enables stakeholders, including government, service providers, civil society organizations, and community members, to assess existing systems, identify gaps, barriers, and inequities and then design, test, and scale local solutions. As a key step in iDARE, participating stakeholders record performance improvement, qualitative and quantitative data, best practices, lessons learned and knowledge generated in line with effective and transparent learning and monitoring and evaluation methodologies.

Dedicated planning meetings are held to apply this methodology and ensure programs are respectful to Maasai social and cultural structures while being accessible and acceptable to all community members, including women. During the meetings, representatives from the Ministry of Health, implementing partners, and Maasai Chiefs, who are known as Laigwanan, discuss common barriers faced by communities in accessing trachoma interventions and develop tailored solutions to improve access and uptake of interventions.

Specific responses to identified challenges include ensuring that all TT case-finding teams comprise both male and female case finders. This ensures that women are not excluded from TT screening simply because the campaign is conducted at a time when their husbands are not at home. Additionally, trachoma programs work directly with local women leaders from Maasai communities, known as Engaigwanani, to educate and encourage women to take antibiotics for trachoma. Simultaneously, traditional Maasai male leaders are also tasked with educating men in the community about the benefits of trachoma interventions and influencing household healthcare decisions, which are often made by male heads of households on behalf of Maasai women.



In recognition of the effort required to design programs and implement trachoma interventions, Chiefs are paid for their participation in the meetings and for their support in mobilizing the community. Chiefs also play a central role in identifying community members who can serve as drug distributors or support community sensitization activities. These community members are tasked with promoting mass drug administration (MDA) activities via WhatsApp and mobile phone text messages. For people without access to mobile phones, pre-recorded health promotion messages are shared via community radio.

## SYNCHONIZED MDA

Because Maasai communities frequently travel across the Tanzania-Kenya border, the Ministry of Health also works with health authorities in Kenya through the East Africa NTD/Trachoma Cross Border Partnership to identify the travel routes of Maasai communities and synchronize the timing of MDA campaigns. Recently through this process, the health ministries of Kenya and Tanzania have established a joint committee, which consists of national and local government teams and community leaders from Kenya and Tanzania, to develop shared health messages that are tailored to Maasai communities to promote the uptake of interventions. This consistent messaging will help improve knowledge of trachoma when it is broadcast during future MDA campaigns.

## MICROPLANNING

The Ministry of Health monitors MDA coverage levels and provides tailored approaches to enhance equitable access to services where necessary. In communities with low MDA coverage and/or a high prevalence of trachoma, the Ministry of Health, in collaboration with the local government, conducts microplanning sessions using guidance published by the World Health Organization. Microplanning is an approach that originates at the local level and applies a cyclical process to define the activities, resources, timing, and location of implementation and monitoring of MDA activities. All levels of the health system are represented, and the Ministry of Health, regional, and district teams provide supervision.

During microplanning, the community identifies issues related to persistent infection and low MDA coverage. Once these challenges are recognized, solutions are developed. In Maasai communities, problems often include lack of disease knowledge and men preventing family participation. Solutions include raising awareness, starting with leaders, and having men lead community mobilization to ensure family participation.

## REMAINING CHALLENGES

Coordinating logistics and ensuring the timely delivery of drugs remains a challenge for MDA campaigns targeting Maasai populations across borders. Tanzania and Kenya have different systems for clearing medicines at the port of entry and transporting medicines to the communities. The distribution planning is not currently synchronized, which can result in delays on one side of the border or the other. Health ministries are proactively working to ensure sufficient human and financial resources so that drugs arrive at distribution sites several days before the planned MDA and activities take place on the same day on both sides of the border.

## IMPACT AT A GLANCE

Increased MDA coverage rates after GESI implementation could be indicative of the intervention improving intervention coverage rates. Data from 2021, before GESI introduction, show catchment areas consistently achieving coverage rates below the national coverage. However, in 2022, three out of four catchment areas presented in this case study show over 90% coverage. Further evidence is needed to test this hypothesis.

Catchment area	National target	2021 (pre-GESI)	2022 (post-GESI)
Kipok	>80%	75%	90%
Ngabolo	>80%	76%	77%
Irkiusbor	>80%	72%	92%
Bwagamoyo	>80%	49%	92%

## PARTNERSHIPS

The Ministry of Health in Tanzania has collaborated with several local and international partners to improve access to trachoma interventions for the Maasai. The Eastern Africa Cross-Border Partnership brings together health ministries across Eastern and Southern Africa and is supported by the International Trachoma Initiative, the drug donation manager for Zithromax®, donated by Pfizer. Other implementing partners supporting activities include Helen Keller Intl, the Kilimanjaro Centre for Community Ophthalmology, RTI International, and Sightsavers. Trachoma surveys are supported by Tropical Data. The Ministry of Health is also supported by the United States Agency for International Development-funded Act to End NTDs | East project, led by RTI International.

## CONCLUSION

Experiences from Tanzania highlight the significance of partnerships, planning, and people-centered approaches in enhancing equity for indigenous populations. Tailored interventions synchronized cross-border collaboration and campaigns, and culturally sensitive communication strategies are vital components for ensuring the accessibility and acceptability of trachoma interventions. Moreover, Tanzania underscores the importance of participatory planning meetings that bring together community leaders and health authorities. Lastly, the Tanzanian experience offers valuable lessons for enhancing south to south cooperation, that delivers on gender equity and social inclusion in trachoma programs, which are crucial to ensure that no one is left behind.

*This case study was developed by the International Coalition for Trachoma Control Special Populations Task Team with support from the Ministry of Health, Tanzania. For more information contact [trachomacoalition@gmail.com](mailto:trachomacoalition@gmail.com).*